

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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27	/					
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29	/					
30	/					
31	/					
32	0					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/	/				
44	/	/				
45						
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47						
48						
49						
50						
TOTAL IND.			↓		↓	
TOTAL DEP.	22		↔		↔	
TOTAL CLAIMS	25	SEARCHED	SEARCHED	SEARCHED	SEARCHED	SEARCHED

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS			↔		↔	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS